Making a difference to the lives of people affected by Bladder, Kidney, Testicular and Prostate Cancers.
The Directors of ANZUP Cancer Trials Group Limited ("ANZUP") are pleased to submit the Annual Report for 2013.

ANZUP Cancer Trials Group Limited

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ANZUP’S Mission and Objectives

Mission
To conduct clinical trial research to improve treatment of Bladder, Kidney, Testicular and Prostate Cancers.

Objectives
The objects of the Company are to develop, foster and promote prostate and urogenital cancer research by:

• providing access to clinical trials for all appropriate Australian and New Zealand patients
• increasing involvement of and collaboration with various professional disciplines in clinical and preclinical research
• providing opportunities for clinical research
• building systems to simplify and streamline clinical research of the highest quality
• fostering a culture of research amongst all clinicians involved in the care of patients with urogenital cancers
• providing training opportunities for the next generation of clinical researchers
• providing for translational studies in prostate and other urogenital cancers, including tissue banking from clinical trials for further studies
The Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP Cancer Trials Group Ltd, “ANZUP”) became a company limited by guarantee on 9 October 2008. The official launch of ANZUP was held on 20th March 2009 in Sydney.

ANZUP is a cooperative and multi-disciplinary organisation including collaborations within Australia, New Zealand and international collaborations. ANZUP was formed as a national cooperative clinical trials group encompassing all urologic cancers (prostate, kidney, bladder/urothelial, testis and other related tumours).

ANZUP brings together multiple professional disciplines and interested people to perform high quality clinical trials in urologic cancers and to facilitate basic and translational research in urologic cancers.

ANZUP is primarily funded by Cancer Australia through its Support for Clinical Trials program. The current grant around expires June 2013.

ANZUP currently has members from Australia and New Zealand from all relevant professional medical, nursing, allied health, basic science and other disciplines. Our Consumer Advisory Panel (CAP) provides a mechanism for advice to be offered across all ANZUP research activities as well as ensuring community engagement.
Organisational Chart

IDMC: Independent Data Monitoring Committee
SAC Subcommittees
Disease-specific;
PC: Prostate Cancer  GC: Germ Cell  RCC: Renal Cell Cancer  BC: Bladder Cancer
Non-disease-specific;
C&TR: Correlative and Translational Research  QoL&S/Care: Quality of Life & Supportive Care

Governance Structure

ANZUP Cancer Trials Group Ltd is a collaborative, national and international, urogenital and prostate cancer, clinical trials, and research group. The organisational structure of ANZUP reflects its corporate governance and operational areas of responsibility.

- **Board**: The Board comprises the Directors of the Company and is responsible for financial management, corporate governance, reporting and compliance. The Board consists of five elected Directors and three Appointed Directors. The Board meets by teleconference approximately once every 2 months and face-to-face several times per year.

- **Finance and Audit Committee**: A committee of the Board. Its main objectives are to assist the Board in the discharge of its responsibility to exercise due care, diligence and skill; and to provide a formal forum for financial management, compliance and control.

- **Fundraising and Promotion Subcommittee**: A subcommittee of the Finance and Audit Committee. Its main objectives are to identify and pursue opportunities for additional revenue through fundraising and production of relevant marketing materials for ANZUP.

- **Consumer Advisory Panel (CAP)**: The ANZUP CAP reports to the Board. It comprises consumer representatives who contribute at all levels of governance, from the Board and SAC and its subcommittees through to specific trials and research projects. The CAP also provides a conduit for communication from ANZUP back to the community in order to promote clinical trial research. The CAP meets by teleconference quarterly and intends to meet face-to-face at least once per year where resources permit.

- **Scientific Advisory Committee (SAC)**: The SAC consists of a core of members representing the major disciplines relevant to ANZUP, nominated and appointed upon the recommendation of those groups. In addition, chairs of the SAC subcommittees are members of the SAC by virtue of their appointment as Chair. The SAC meets by teleconference quarterly with the intention of meeting face-to-face at least once per year.

- **SAC Subcommittees**: The SAC is advised by disease-specific subcommittees (Prostate; Renal; Germ Cell; Bladder) and non-disease-specific subcommittees (Quality of Life & Supportive Care; and Correlative and Translational Research). The disease-specific subcommittees are responsible for oversight of trials within their portfolios, as well as development of new trial concepts. These subcommittees meet by teleconference quarterly and intend to meet face-to-face at least once per year if resources permit. The non-disease-specific subcommittees are involved as required in trial development and management in order to ensure that maximum value is added to every trial. These subcommittees meet by teleconference as required and intend to meet face-to-face at least once per year.

- **Secretariat**: The secretariat comprises an Executive Officer (Margaret McJannett, currently 1 FTE) and a Project Officer (Yi Feng; 0.6 FTE). The company’s registered office is located in Sydney.

- **Operations Executive Committee**: This committee consists of representatives from ANZUP and from the NHMRC Clinical Trials Centre at University of Sydney. The Committee is responsible for oversight of trial and group operations. This Committee meets by teleconference approximately once per month.

- **Independent Data Monitoring Committee**: Terms of reference for the IDMC have been drafted and discussions are underway with other cooperative cancer clinical trials group to share resources for this purpose. It is anticipated that the IDMC will have oversight of multiple clinical trials.

- **Trial Management Committees**: Each trial has a TMC that meets approximately quarterly by teleconference to ensure oversight of the trial.
The Board Of Directors

Chair: Professor Ian Davis

Professor Ian Davis is a medical oncologist and is Professor of Medicine and Head of the Eastern Health Clinical School, Monash University and Eastern Health, in Melbourne, Australia. He holds honorary appointments with the Ludwig Institute for Cancer Research and Austin Health, and as an Associate Professor of the University of Melbourne and Associate of the University of Sydney. He is an NHMRC Practitioner Fellow. His primary clinical interests are in uroglogic cancer and in melanoma, and his primary research interests are in cancer immunology and the biology of urologic cancers. Professor Davis is a member of the Urology and Skin Committees and the Standing Subcommittee on Research for the Cancer Council Victoria. He is chair of the COSA Urologic Oncology Group and a member of the COSA executive.

Deputy Chair: A/Prof Guy Toner

Associate Professor Guy Toner is a Consultant Medical Oncologist at Peter MacCallum Cancer Centre and Associate Professor of Medicine at the University of Melbourne. He is a graduate of the University of Melbourne and undertook sub-specialty training in medical oncology in Melbourne before spending 3 years at Memorial Sloan-Kettering Cancer Centre, New York. His clinical and research interests include all urological cancers with a particular interest in testicular cancer, which was the subject of his MD thesis. He has been an active member of other cooperative trials groups including as a past member of the Scientific Advisory Boards of the ANZ Breast Cancer Trials Group and the Australian Sarcoma Study Group. He was Head of the Medical Oncology Unit at Peter MacCallum Cancer Centre from 1993-2007. He was Chair of the ANZ Germ Cell Trials Group from 1995 until it merged to form ANZUP and since then he has been the Deputy Chair of ANZUP.

Treasurer: Dr Lizbeth Kenny

Dr Liz Kenny graduated in Medicine from The University of Queensland in 1980, and completed her speciality training in Radiation Oncology at The Queensland Radium Institute in Brisbane in 1987. Dr Kenny is a Senior Radiation Oncologist at The Royal Brisbane & Women’s Hospital. In 2005 she was appointed as Medical Director, Central Integrated Regional Cancer Service and is committed to improving Cancer Services in Queensland. Her main areas of specialty interest are Head and Neck Cancer, Breast Cancer and Urological Malignancies. Dr Kenny currently serves as the Clinical Lead for the Queensland Health Imaging Program.

Dr Kenny has served as The Dean of The Faculty of Radiation Oncology, The Royal Australian and New Zealand College of Radiologists and

The President of The Clinical Oncological Society of Australia. She is a past President of The Royal Australian and New Zealand College of Radiologists. She has been awarded Honorary Membership’s of The European Society of Radiology, The Radiological Society of North America and an Honorary Fellowship of The American College of Radiology, The British Institute of Radiology and the Royal College of Radiologists.

Mr Martin Dowling

Mr Martin Dowling has held senior management and executive level financial and commercial roles at some of the largest companies in the world. He has delivered in leadership roles against a broad portfolio of responsibilities across a range of industries from mining and engineering to green energy and defence.

He has a Bachelor of Commerce and MBA degree and is a Fellow of CPA Australia and a graduate member of the Australian Institute of Company Directors.

Mr Dowling is committed to the pursuit of charitable and societal goals as a Director on not-for-profit boards and also actively in the local community.

Mr Joe Esposito

Mr Joe Esposito is a Melbourne director who owns a BOQ (Bank of Queensland) branch in the inner city suburb of Collingwood Victoria. Prior to this he was a management consultant and had over 20 years in corporate banking in Australia and New Zealand. He was also CEO of ASX listed Jetset Travelworld Limited between 2003 and 2006.

Mr Esposito has a close affinity with the objectives of ANZUP and the needs of consumers. He has Bachelor of Commerce and Master of Applied Finance degrees. He is a graduate member of the Australian Institute of Company Directors.

Mr Glenn Ferguson

Mr Glenn Ferguson is a Solicitor of the High Court of Australia and the Supreme Court of Queensland. An experienced commercial and corporate lawyer he has acted in complex transactions and disputes for a range of clients both nationally and internationally.

He is a past President of the Law Council of Australia the peak national body which represents the legal profession nationally and internationally, past President of Lawasia the law association for Asia and the Pacific and a past President of the Queensland Law Society. He is also a Senior Counsellor with the Queensland Law Society and has previously chaired their professional standards committee.
The Board Of Directors

Glenn is a Founding Fellow of the Australian Academy of Law, a Fellow of the Australian Institute of Company Directors and a Fellow of the Australia and New Zealand College of Notaries. He was appointed the inaugural Adjunct Professor in Law at the University of the Sunshine Coast.

He is currently Chair of WorkCover Queensland, Lexon Insurance and a Governor of the College of Law.

Mr Ferguson has also held or continues to hold a number of board positions in both the public and private sector in the insurance, superannuation, education, sport, charity and information technology areas including chairing a publicly listed company.

He has been appointed by both Federal and State Governments to various advisory boards and task forces in the legal, business and immigration sectors.

Ms Linda Martin

Ms Linda Martin is the Chief Executive Officer of Arthritis Victoria and Osteoporosis Victoria. She was previously Managing Director of consultancy firm, Martin Bonato and Associates Pty. Ltd., with a focus primarily in the community and health sectors. Her experience also included the financial and safety industries. Prior to working as a consultant, Linda was a senior executive in the Victorian public service, working primarily in the community service sector managing regional operations, programs and major projects. She has also been a lecturer in Social Work at the University of Melbourne.

Ms Martin has an extensive knowledge of government processes with significant experience in fund raising. Her work in private, public and not for profit organisations includes strategic and business planning, program review, change management, program and project management, performance enhancement, alliance development, leadership and people development.

A/Prof Henry Woo

Associate Professor Henry Woo is a urological surgeon with a subspecialty practice in prostate disease. He is an Associate Professor of Surgery at the Sydney Adventist Hospital Clinical School of the University of Sydney. In his student days, he was a Board Director of the University of Sydney Union and an elected delegate of the Sydney University Student Representative Council and Producer of a Sydney University Medical Revue.

He is regularly invited to teach and perform live surgical demonstrations locally and abroad. He runs a busy clinical trials unit at the Sydney Adventist Hospital with studies in both prostate cancer and benign prostatic hyperplasia. Henry has extensive experience in multicentre clinical trials, amongst which include being Principal Investigator of a study of lower urinary tract symptoms (LUTS) in men with advanced prostate cancer, Principal Investigator of Urolift treatment for LUTS due to BPH study, co-Chair of the Timing of Androgen Deprivation (TOAD) study and being on the Trial Management Committee of the RAVES study for prostate cancer. He is also a member of the Scientific Reference Committee of the Prostate Cancer Foundation of Australia.

Recently, he was appointed as the inaugural CME Editor of the BJUI and he is also on the editorial boards of the journals Prostate Cancer Prostatic Diseases, Prostate International and World Journal of Clinical Urology. He regularly reviews manuscripts for major urological journals including European Urology, BJUI, Journal of Urology, Urology, Nature Reviews Urology and Journal of Endourology. He has 88 publications in peer reviewed journals with several more currently in editorial review. He has developed a strong interest in role of social media in urology and is the coordinator of the International Urology Journal Club on Twitter. The American Urological Association has recently appointed him to their Social Media Workgroup. He regularly blogs and has published on Croakey, KevinMD and BJUI Blogs as well as his personal blog site. He can be found on Twitter @DrHWoo.

Meetings of Directors

During the year five meetings of the Directors were held. Attendance by each Director were as follows:

<table>
<thead>
<tr>
<th>Director</th>
<th>Role</th>
<th>Appointed</th>
<th>Board Meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ian Douglas Davis</td>
<td>Chair</td>
<td>9 Oct 2008</td>
<td>5</td>
</tr>
<tr>
<td>Guy Campbell Toner</td>
<td>Deputy Chair</td>
<td>9 Oct 2008</td>
<td>5</td>
</tr>
<tr>
<td>Lizabeth Moira Kenny</td>
<td>Treasurer</td>
<td>9 Oct 2008</td>
<td>5</td>
</tr>
<tr>
<td>Henry Hyunshik Woo</td>
<td>Director</td>
<td>25 Jun 2010</td>
<td>5</td>
</tr>
<tr>
<td>Glenn Wayne Ferguson</td>
<td>Director</td>
<td>30 Aug 2010</td>
<td>5</td>
</tr>
<tr>
<td>Giuseppe Aniello Esposito</td>
<td>Director</td>
<td>13 Dec 2010</td>
<td>5</td>
</tr>
<tr>
<td>Linda Robyn Martin</td>
<td>Director</td>
<td>13 Dec 2010</td>
<td>5</td>
</tr>
<tr>
<td>Martin George Dowling</td>
<td>Director</td>
<td>1 May 2013</td>
<td>0</td>
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I am pleased to provide a report outlining ANZUP’s continued growth and success over the last twelve months.

In early 2012 the Board reviewed our progress towards achieving the objectives of the ANZUP Strategic Plan 2010-2012. It was clear that ANZUP had achieved virtually all of its objectives in that period and that the only objectives not achieved were in large part due to circumstances beyond our control, such as ability to secure project-specific funding for certain trials. Objectives that were not able to be achieved have been rolled into the new ANZUP Strategic Plan 2013-2015, endorsed by the Board in May 2012 and available for your perusal on our web site: http://www.anzup.org.au/content.aspx?page=strategicplan

Briefly, the ANZUP Strategic Plan 2013-2015 calls for actions in the following areas, all of which align with the objectives of the Company and its mission:

- Improvement and strengthening of links with key stakeholders and other cooperative groups;
- Development of trials in each of the disease areas we cover;
- Early and regular inclusion of the Consumer Advisory Panel, Correlative and Translational Research Subcommittee, and Quality of Life and Supportive Care Subcommittee;
- Expansion and engagement of the Consumer Advisory Panel at all levels of the organisation;
- Provision of forums for intellectual exchange and protocol development, including our Annual Scientific Meeting;
- Building opportunities for younger researchers and trainees;
- Improving resources for ANZUP including pro-active fundraising initiatives;
- Continuing to increase our membership;
- Provision of regular communication to members.

We are already well advanced in achieving most of these objectives. An aspirational objective is to perform research addressing specific health and medical issues of culturally and linguistically diverse groups, Aboriginal and Torres Strait Islanders and Maori people. To date opportunities for this have not been realised but we will continue to work towards this.

The following points illustrate some of the highlights of our most recent year:

- Successful completion of accrual to the EVERSUN and SORCE trials. EVERSUN is an ANZUP-initiated trial that has drawn international interest. ANZUP was the largest contributor to SORCE outside the UK, contributing about 10% of the total accrual.
- Publication of several trials including key papers for testicular cancer studies.
- Development of new trial proposals for prostate, renal, urothelial and testicular cancers.
- Successful procurement of funding for the phase III BEP testicular cancer trial and the BCG-MMC non-muscle-invasive bladder cancer trial.
- Forging of new links with industry and other cooperative trial groups leading to new trial opportunities, hopefully to begin within the next year.
- Development of our Corporate Supporter program. We thank our current corporate supporters: Amgen, Bayer, Ipsen, Pfizer and Sanofi.
- Review of our governance model, including review of the committee Terms of Reference and identification of Deputy Chairs to secure succession planning.
- Expanded the CAP membership to include representation across the four major GU cancers to ensure more effective consumer involvement.
with ANZUP research activities. As a result of this work we convened our first face to face education workshop pre the ASM and this was followed by another first - our Community Engagement Forum – “A little below the Belt”. The forum provided information about the importance of clinical trials and the impact that a diagnosis of a GU cancer can have on a person and their family.

- Appointment of Belinda Jago as chair of the Consumer Advisory Panel, replacing John Stubbs who has supported us faithfully since our inception.

- Continued broad-based growth of our membership to over 530 as of 31 March, representing 30% increase since last year. Although we have a broad base of disciplines it is clear that there must be a large group of potential members who have not yet joined. We also want to ensure that we include a diverse range of geographies, including all states and territories across Australia and New Zealand, and rural and regional sites in addition to urban sites. Please continue to encourage your colleagues to join, particularly trainees. Membership of ANZUP is free and will remain so.

- Raised public awareness through a range of initiatives including our revitalised web site, and events such as the Ball-Da-Dash led by Bill and Lauren McIlrath of our Consumer Advisory Panel.

- Recognition at a national and international level as the peak clinical trials organisation for genitourinary cancers in our part of the world, and competitive at an international level.

- New funding support enabling us to expand our Executive Officer role into a full time position, and also to increase our Project Officer time.

I would specifically like to highlight our highly successful first standalone Annual Scientific Meeting, held in Sydney on 13-15 July 2012. The meeting was put together by a fantastic convening committee led by Peter Grimison, Amy Hayden and Paul Sved, together with the convenors of our Trainee Day Shomik Sengupta and Paul Sved. This meeting was a roaring success by any measure: it combined great science with wonderful educational components in a congenial and multidisciplinary atmosphere, and truly was the best meeting I attended all year. Our four high profile international speakers were all highly complimentary of the meeting and feedback from attendees was universally positive; nothing less than 4 on a scale of 1-5 for any item.

We look forward to our 2013 Annual Scientific Meeting convened by Shomik Sengupta with the very substantial assistance of Peter Grimison, Jarad Martin, Jasotha Sammugarajah, Reuben Broom, Kath Schubach, Suzanne Chambers and Belinda Jago.

The Board has been very active in ensuring the financial sustainability of ANZUP and our financial statements are available with this Annual Report. ANZUP has submitted its application to Cancer Australia for recurrent infrastructure funding for the next three years and we are confident that this will be successful. However, the amounts available through this scheme are not sufficient for all the activities we wish to do and we continue to identify and develop new funding initiatives. The Board has established a Finance and Audit Committee and now a Fundraising and Promotion subcommittee. These processes assist the Directors in their financial oversight of the company and also now provide us with a mechanism for active fundraising. We have developed a Research Prospectus for potential donors and I encourage you to visit the ANZUP web site or to contact the office directly for more information. We have also instituted other measures for fundraising that are now bearing fruit, including the EveryDay Hero initiative as well as provision of direct credit facilities through the ANZUP web site. Donations to ANZUP above $2 are tax deductible. We are very grateful to all of our donors who contribute so selflessly to advance our progress towards achieving our mission.

The Directors also recognised a need for improved financial and accounting expertise on the Board. We are delighted to welcome as a new appointed Director Mr Martin Dowling, who brings a wealth of experience and expertise in these areas.

I would like to take this opportunity to thank my fellow Directors for their tireless dedication, enthusiasm and very practical support: Joe Esposito, Glenn Ferguson, Liz Kenny, Linda Martin, Guy Toner (deputy chair) and Henry Woo. Margaret McGannett, our Executive Officer, continues to provide magnificent support to the Board and to ensure the day-to-day running of ANZUP continues without a hitch. Yi Feng provides great support as our Project Officer. I would also like to extend my gratitude to our volunteers Lesley Tinkler, and more recently Jo Stubbs, who provide us with invaluable administrative support.

I would like to acknowledge and thank all our donors and supporters - thank you for your support of ANZUP in our quest to achieve our Mission.

Finally on behalf of the Board I would like to thank you for your membership of ANZUP and your interest in and support of its activities. We are performing very well as an organisation; we have a strong foundation upon which to grow further; we have exciting new initiatives being developed; and future researchers and clinicians in the field will have the resources of a strong ANZUP with which to work.

Jan Davis
Chair, ANZUP
As I reflect over the past 12 months, it is with a great sense of pride and satisfaction that I provide my report highlights from an operational and governance perspective.

**Strategic and Business Planning**

In 2012 the ANZUP Board reviewed its Strategic Plan (2013-2015) and presented it to members at the Annual General Meeting (AGM). Our Strategic Plan provides us with a framework for identifying our priorities and strategies to promote ANZUP and build the revenue base to support the scientific and intellectual endeavours of the Group. The 2013-2015 Strategic Plan can be viewed on our website: [http://www.anzup.org.au/content.aspx?page=strategicplan](http://www.anzup.org.au/content.aspx?page=strategicplan)

**Changes in state of affairs**

ANZUP held its third Annual General Meeting on 16 July 2012, where Prof Ian Davis reported to the members on the state of the organisation. The Constitution was amended in order to:

- Clarify the definition of Secretary;
- Remove certain rules no longer necessary;
- Amend membership definitions and processes;
- Clarify processes for appointment of Chairperson;
- Clarify issues relating to succession planning.

In accordance with rule 15.5 of the ANZUP Constitution Prof Davis and A/Prof Guy Toner were re-elected as Chair and Deputy Chair respectively.

The ANZUP Board has strengthened its structure and processes to ensure we more effectively achieve our mission. An additional Director, Mr Martin Dowling, with high level accounting/financial expertise was appointed to the Board in May 2013. We are extremely fortunate to have a Board of Directors with an excellent mix of skills who are committed to supporting the mission and objectives of the organisation. We feel confident that the additional skill set Mr Dowling will bring to the organisation will only serve to enhance these endeavours.

In October 2012 the Board approved contracting our project officer, Yi Feng, at the level of 0.6 FTE until June 30, 2013. The Board also approved increasing my hours to full-time.

**Matters affecting ANZUP operations and state of affairs in future financial years**

The current funding round from Cancer Australia under its Support for Clinical Trials scheme expires on 30 June 2013. Cancer Australia has called for applications for the next funding round from 2013-16. This funding remains critical for the future operations of ANZUP. Additional funding sources need to be identified in order to support the continued expansion of our research activities.

**Likely developments in operations and expected results**

With the continued growth and activities of the organisation we will be looking to increase our staff however this will only be possible if we can secure additional funding.

In line with ANZUP’s Strategic Plan we aim to continue to build on our clinical trials portfolio and activate 1-2 new protocols per year.

Continue to support face to face SAC and CAP meetings pre ASM.

Identify funds to support face to face meetings for each of the disease-specific subcommittees to workshop new concepts.

Continue to build research capacity, extend collaborations and mentor young investigators and research fellow/s.
Operational Report

Group meetings:

- ANZUP together with USANZ ran a cobadged session at the 2012 USANZ meeting in Darwin in April.
- ANZUP convened its first stand-alone Annual Scientific Meeting (ASM) at Four Points by Sheraton in Sydney from 15-17 July, 2012. (see ASM report)
- The Annual General Meeting was held during the ASM on Monday 16 July 2012 at 5:00pm at Four Points by Sheraton Sydney.
- ANZUP Board, Finance and Audit Committee, Fundraising and Promotion Subcommittee, Operations Executive, SAC, SAC subcommittees, CAP and Trial Management Committees held regular scheduled meetings and teleconferences throughout the year.

Data and quality:

Cancer Australia-supported trials staff at NHMRC Clinical Trials Centre has continued to contribute to the update and maintenance of Standard Operating Procedures (SOPs) used by ANZUP to reflect relevant quality standards (GCP ICH) and relevant regulatory guidelines. All trials staff are qualified and are trained in SOPs, consistent with GCP guidelines and the ‘National Statement on Ethical Conduct in Human Research (2007) – Updated 2009’ and have implemented these processes for ANZUP trials.

A database for the PAS in SORCE sub-study trial has been designed, tested and released by the appointed data systems developer and programmer in the reporting period using the system ‘OpenClinica’. Clinical trials staff assigned to ANZUP have undertaken training modules to ensure the optimal management of clinical trials data by all staff using these systems.

Clinical trial data quality is managed at site and at the NHMRC Clinical Trials Centre. The quality of data at sites is reviewed both centrally at the NHMRC CTC and at the sites by on-site visits. During this reporting period six on-site monitoring visits were successfully conducted for the EVERSUN project across the country for quality assurance purposes additional to this, one EVERSUN site was visited by independent University of Sydney auditors. The data management activities are conducted as per established ‘Monitoring Plans’ and ‘Date Correction Plans’ for each trial. Independent internal review of trial documentation was also successfully conducted during this period.

For the SORCE Trial there were no on-site monitoring visits required during the reporting period. For quality assurance purposes, two SORCE sites were visited by an independent NHMRC CTC auditor.

‘We will continue to build research capacity, extend collaborations and to mentor young investigators.’
The ANZUP web site [www.anzup.org.au](http://www.anzup.org.au) continues to be a major part of our communication strategy to engage with our members and the community. We undertook a significant revamp of the website and relaunched it at the 2012 ASM. For our members - we have endeavoured to provide a more user friendly platform with up to date information on our active trials, our ASM and other relevant conferences/workshops, SOP’s and information on the benefits of becoming a member of ANZUP.

We have continued to provide our members and key stakeholders with our current research activities and reports from the Chair, SAC and Subcommittee Chairs via our newsletter “UPdate”. We distribute agendas and minutes in relation to our subcommittee meetings. In addition we circulate regular e-news bulletins providing useful information to members via the website.

We have set up a secure section for our Consumer Advisory Panel so they can easily access their resource documents. We are planning to expand on this functionality in 2013 to allow the Board, SAC and subcommittees to post confidential information, and to support peer review of clinical trials concepts.

From a community perspective we provide information on what is a clinical trial along with lay summaries for each of the four diseases we focus on.

We have been working to expand our fundraising activities and our website has been key to promoting these activities. We launched our Everyday Hero page in January this year. Everyday Hero is an online platform that has been helping not-for-profits to raise funds in Australia, New Zealand, United Kingdom and Singapore. We are very grateful to our new Everyday heroes who have nominated ANZUP as their preferred charity. If you are planning to participate in a major event such as City2surf (Sydney) and City2Sea (Melbourne), or host your own event, and would like to fundraise for ANZUP please visit our Everyday Hero page: [http://www.everydayhero.com.au/charity/view?charity=2503](http://www.everydayhero.com.au/charity/view?charity=2503)

We have also set up an online donation facility streamlining the process for anyone wishing to support ANZUP towards us achieving our Mission.

**Corporate Supporters**

We have expanded on our Corporate Supporter Program this year and have included a dedicated page on the website acknowledging our 2013 partners. This program has provided ANZUP with much needed support to allow us to better engage and support our members. So if you have any other ideas/suggestions for our website please don’t hesitate to email [Margaret@anzup.org.au](mailto:Margaret@anzup.org.au)
**NHMRC Clinical Trials Centre**

ANZUP collaborates with the National Health and Medical Research Council Clinical Trials Centre (NHMRC CTC) to conduct clinical trials to improve urogenital and prostate cancer treatment and patient outcomes.

In February 2013 we said goodbye to Trevor France who had overseen clinical trial management for ANZUP over 12 months. We were delighted to welcome our new AOPM Xanthi Coskinas. Xanthi has been employed at the CTC for the past 10 years. In 2007 she was appointed AOPM for the ALTG collaborative group and now her role has broadened to include oversight of CTC clinical trial operations for ANZUP whilst maintaining her current position on ALTG. Our thanks to Jennifer Thompson and Angus McDonald for their ongoing efforts to support ANZUP trial activities.

In the beginning of the year we also welcomed Dr Anne Long, ANZUP’s new Research Fellow. Anne is a medical oncologist from Perth who is currently working as our ANZUP Clinical Trials fellow at the NHMRC Clinical Trials Centre at the University of Sydney. She has previously completed an honours degree in Psychology and is currently working on obtaining her Masters in Clinical Trials Research. She has an interest in bladder and renal cancers and is enjoying the challenge of working in clinical trials.

We are grateful to Martin Stockler, co-director of Oncology at CTC and our SAC Deputy Chair for his ongoing support and commitment to ANZUP. To the operational staff at CTC Kim Russell Cooper, General Manager, Lia Sherwood, Paul Smyth, Finance Manager, Carlos Sterling, Dinh Tran and his IS team our thanks for your support and cooperation in matters relating to ANZUP and the CTC.

**Building our multidisciplinary membership:**

As at 31 March 2013, ANZUP had 530 members covering a wide range of professional disciplines. The breakdown of membership was as follows:

- **Trainee** 31
- **Anaesthetist** 1
- **Physiologist** 1
- **Radiologist** 2
- **Pharmacist** 3
- **Nuclear Medicine** 2
- **Medical Physicist** 2
- **Fellows** 6
- **Consumer** 21
- **Scientist** 30
- **Endocrinologist** 3
- **Health Economics** 3
- **Allied Health** 12
- **General Practice** 1
- **Biostatistics** 7
- **Trial coordination and management** 53
- **Pathologists** 8
- **Clinical Epidemiology** 6
- **Psycho-oncology & Supportive care** 26
- **Nursing** 49
- **Radiation Oncology** 45
- **Urologic Surgery** 98
- **Medical Oncology** 120

**Number of members by State/Territory in Australia:**

- **NSW** 210
- **QLD** 60
- **VIC** 147
- **SA** 25
- **WA** 39
- **NT** 5
- **TAS** 5
- **ACT** 14
- **New Zealand** 18
- **Canada** 4
- **United States** 2
- **United Kingdom** 1

**In summary**

ANZUP mission is to conduct high quality investigator initiated clinical trials to improve the treatment for those affected by prostate, bladder, kidney and testicular cancers. It is only through the ongoing commitment of our hard working Board and members, staff and volunteers, donors, Corporate Supporters and our stakeholders that we will continue to achieve our mission and objectives. To all our clinical trial participants thank you for your participation.
Our highly successful and first stand-alone Annual Scientific Meeting was held in Sydney on 15-17 July 2012. Over 190 delegates attended a feature packed program, including the contribution of our four outstanding international speakers: Daniel Heng, Shahrokh Shariat, Michel Bolla and Donna Berry. The interaction amongst attendees was very encouraging, and we hope will lead to several future research collaborations and ANZUP trials.

Pre-conference Meetings: Kicking off on the Sunday was our Trainee Day coordinated by Shomik Sengupta and Paul Sved. Many thanks to the chairs, panellists and of course the attendees. The day saw a series of case based discussions that covered the major urological cancers. They included aspects of medical management and supportive care across disciplines; as well as clinical, psychosocial and translational research. This was a very successful day with very positive feedback and we are planning to continue our trainee days pre our ASM.

Sunday also saw an educational forum for the ANZUP Consumer Advisory Panel, followed by the ANZUP Community Engagement Forum entitled, “A little below the belt.” This forum showcased both consumers and clinical leaders and was intended to improve awareness of clinical trials and to facilitate community involvement.

The forum was followed by an open meeting of the ANZUP Scientific Advisory Committee which was extremely well attended and saw lots of good discussion.

The conference was officially opened by the Federal Minister for Health, the Honourable Tanya Plibersek, who acknowledged the importance of cooperative trials groups in progressing cancer research in Australia.
The first plenary session of the day was a highlight with presentations from our international and local experts. Dr Shariat discussed the importance of multi-disciplinary cooperation in the optimal treatment of bladder cancer, which was a theme carried through in several other presentations during the meeting. Our own A/Prof Guy Toner, covered the changing management paradigm in the treatment of Stage I testicular cancer. Dr Donna Berry (Harvard) presented research into a unique decision support tool for prostate cancer patients, emphasising the importance of individualised patient information and Prof Michel Bolla discussed the ongoing controversies in the role of post-prostatectomy radiotherapy, some of which may be answered by the ongoing Australian RAVES study.

The theme for the Monday afternoon session was minimising the adverse effects of treatment. Adverse effects of prostate cancer therapy may significantly affect men’s quality of life. Dr Chris McMahon discussed sexual rehabilitation for these patients, and A/Prof Jim Denham presented preliminary results on toxicity and quality of life in men treated with androgen deprivation therapy on the TROG RADAR study. Treating patients with co-morbidities is frequently challenging, and Dr Daniel Heng discussed the safe use of tyrosine kinase inhibitors in patients with organ failure. Tuesday kicked off with a breakfast session focussing on the optimal use of androgen deprivation therapy in prostate cancer, with presentations from Dr Donna Berry and Prof Michel Bolla.

A highlight of the meeting was the research presentations. Monday afternoon saw a very vigorous concept development session, which demonstrated the value of the ANZUP membership and international faculty in refining study proposals that we hope will be translated into ANZUP studies. There were four disease-specific research sessions which saw updates of ANZUP trials and research collaborations across prostate cancer, renal cell cancer, germ cell tumours, and bladder cancer. The Best of the Best abstracts showcased recent research by outstanding Australian investigators. There was also a very successful poster walk-around session on the Monday evening which gave presenters an opportunity to interact with the attendees and develop future collaborations.
Awards and Social Events

A welcome reception followed the pre-conference meetings on the Sunday, and set the stage for keen conversations between attendees. The Monday concluded with the ANZUP ASM 2012 conference dinner in the Ballroom. It was an evening of great food & wine, ongoing multi-disciplinary collaboration, with several attendees dancing into the small hours. We acknowledged Novartis for their grant to support our member’s attendance at he ASM.

- Bavanthi Balakrishnar
- Renu Eapen
- Marion Fournier
- Peter Fox
- Jeremy Grummet
- Mun Sem Liew
- Rob McDowall
- Visalini Nair-Shalliker
- David Pook
- Weranja Ranasinghe
- Siva Shankar
- Ben Tran
- Trina Yeadon

The meeting closed with presentation of the awards, generously supported by Astellas. Congratulations to: Reuben Broom Best of the Best Oral; Weranja Ranasinghe Best of the Best Poster; Rod McDowell Best of the Best Nursing/Allied Health; and Mum Sem Liew Best of the Best Trainee/Fellow

Acknowledgements

We acknowledge the valuable support we receive from Cancer Australia.

To our sponsors, it is only through your level of commitment that we can consider hosting such a high quality meeting over the 3 days. We acknowledge and thank our 2012 major meeting sponsors:

- Platinum Sponsor – Janssen Cilag;
- Gold Sponsors - Pfizer Oncology and Sanofi;
- Silver Sponsors – Ipsen; Amgen Oncology; Novartis Oncology; and the Prostate Cancer Foundation of Australia; and
- Bronze Sponsors - AstraZeneca and Cancer Institute NSW.

Our international faculty was superb and we are grateful to the following companies / organisations for their additional support to cover the costs of their attendance:

Dr Donna Berry – CNSA and ANZUP;
Prof Michel Bolla’s attendance – Ipsen;
Dr Daniel Heng – Pfizer Oncology;
Dr Sharokh Shariat – ANZUP;

We are also grateful to

- Bayer for sponsoring the Barista and Café Bar and
- Astellas for the Best of the Best Oral and Poster Awards.

My heartfelt thanks to my co-convenors Amy Hayden, Paul Sved and Shomik Sengupta for their outstanding work and support.

The ANZUP ASM highlighted the wonderful depth and breadth of research and collaboration across genitourinary cancers with the buzz and verbal feedback very positive. The ANZUP ASM will continue to grow and become not only the major GU clinical trials research meeting but also a key meeting for our members and stakeholders for networking and developing new research collaborations. Make sure you have diarised the 2013 ASM on the Gold Coast 14-16 July and if you are not a member you should do so - its free and you can join online at www.anzup.org.au
ANZUP Advisory Committee and Subcommittee Chairs

ANZUP ADVISORY COMMITTEES:

SCIENTIFIC ADVISORY COMMITTEE (SAC)
Ian Davis
Chair
Martin Stockler
Deputy Chair
Nicholas Buchan
Suzanne Chambers
Warick Delprado
Joe Esposito
Martin Gleave
Peter Grimison
Fritha Hanning
Belinda Jago
Mei Krishnasamy
Andrew Martin
Jarad Martin
Colleen Nelson
Stefano Occhipinti
Manish Patel
John Pedersen
Pamela Russell
Hema Samaratunga
Shomik Sengupta
David Smith
John Stubbs
Christopher Sweeney
Guy Toner
Scott Williams
Venu Chalasani
By invitation
Anne Long
By invitation
Xanthi Coskinas
Ex-officio
Margaret McJannett
Ex-officio
Burcu Vachan
Ex-officio

FINANCE & AUDIT COMMITTEE
Joe Esposito
Chair
Bernadette Crennan
Ian Davis
Linda Martin
Margaret McJannett
Ex-officio

FUNDRAISING & PROMOTION COMMITTEE
Joe Esposito
Chair
Ray Allen
Bernadette Crennan
Ian Davis
Belinda Jago
Linda Martin
Margaret McJannett
Ex-officio

CONSUMER ADVISORY PANEL
Belinda Jago
Chair
Raymond Allen
Matthew Carr
Giuseppe (Joe) Esposito
John McIlrath
Colin O’Brien
Scott Rudd
Max Shub
Anthony (Tony) Sonneveld
John Stubbs
David Swallow
Ian Davis
Ex-officio
Margaret McJannett
Ex-officio

SAC SUBCOMMITTEES
Bladder Cancer - Manish Patel
Correlative and Translational Research - Colleen Nelson
Germ Cell - Peter Grimison
Prostate Cancer - Scott Williams
Quality of Life & Supportive Care - Suzanne Chambers
Renal Cell Cancer - Ian Davis

ANZUP & NHMRC CLINICAL TRIALS CENTRE
Operations Executive Committee
Ian Davis – Chair
Guy Toner – Deputy Chair
Martin Stockler
– CTC Clinical Lead
Margaret McJannett
– ANZUP EO
Trevor France – AOPM CTC (until Feb 2013)
Xanthi Coskinas – AOPM CTC (commenced Feb 2013)
Venu Chalasani – ANZUP Research Fellow
Anne Long – ANZUP Research Fellow
(commenced Jan 2013)
ANZUP Research Highlights

Scientific Advisory Committee: Ian Davis

The SAC comprises broad representation from the relevant disciplines. Representatives are nominated by the various groups they represent and their appointment is then made by the Board. Additionally, subcommittee Chairs become members of the SAC by virtue of their role as Chair.

The various SAC subcommittees continue to be very active in terms of regular review of the clinical and scientific needs relating to their areas. Each subcommittee meets quarterly and our aim is to be able to support at least one annual face-to-face meeting when resources permit. The disease-specific subcommittees enjoy strong input from our non-disease-specific committees; the Correlative and Translational Research committee, the Quality of Life and Supportive Care committee, and the Consumer Advisory Panel. We now have consumer representatives for each of our disease-specific subcommittees and this is already bearing fruit in terms of identification of the priorities the community sees as important, communication back to the community, and very valuable input into document development including information sheets for clinical trials.

Each subcommittee develops and prioritises research questions and concepts, which are then submitted to the SAC for further consideration and prioritisation. The SAC then identifies which concepts should move forward for development as ANZUP trials and provides support for protocol development and appropriate funding applications.

Any ANZUP member can join any subcommittee, with the exception of the Consumer Advisory Panel where other criteria apply. It is possible to nominate subcommittees in which you are interested at the time of joining ANZUP, and this can be changed at any time with the addition or removal of group membership at the member's request. The level of involvement by ANZUP members in the group very much depends on the member’s wishes: some members play very active roles, others participate in meetings and processes but less actively, while other members are content to receive the minutes. I encourage all interested members to consider joining a subcommittee representing their area of interest and to participate at whatever level you wish. Our goal is to provide more opportunities for leadership roles in our studies particularly for new or young researchers.

I would like to thank all SAC and subcommittee members for their generous donations of time and expertise. We collectively represent the very best of those involved in the care and research of genitourinary cancer in Australia and New Zealand and I am proud to be associated with all of you. I am particularly grateful to all of our trial participants, who take part in these trials in order to improve outcomes for all people, current and future, who are affected by genitourinary cancers.

Consumer Advisory Panel: Belinda Jago

I was both delighted and daunted to be offered the opportunity to take on the role of CAP Chair in January 2013. The CAP provides a mechanism for advice to be offered on specific studies, general research directions, and priorities from a consumer perspective. With the new CAP members having little experience in clinical trial committees but lots of enthusiasm and a willingness to learn along with our experienced CAP members we are all pleased to be part of ANZUP and to be involved and contribute to a growing and vibrant co-operative trials group.

Since this is my first opportunity to present a CAP annual report I am very pleased to say that the CAP continues to increase its level of participation across many ANZUP activities. I would like to thank and acknowledge our inaugural Chair, John Stubbs, who stepped down in Dec 2012. There is no doubt that John laid the foundations for the CAP to build on and provide a conduit for communication from ANZUP back to the community to promote research and engage the community. We are grateful to John who remains a member of the CAP ensuring that his wealth of knowledge in consumer engagement and advocacy is readily available providing mentorship to those of us less experienced.

We have been working closely with ANZUP Board to expand our CAP membership to ensure we have representation across the four major GU cancers providing more effective consumer involvement with ANZUP research activities. Some highlights for the CAP in the last 12 months include:

- Attending the inaugural stand alone ANZUP ASM in July 2012 and participating in the first face to face CAP Education Session. This was followed by the Community Engagement Forum “A little below the belt”. Both sessions were outstanding successes and an opportunity for the new CAP members to meet with each other and the ANZUP executives for the first time.
- The Ball-Da-Dash half marathon/walk community day held in Bendigo. So wonderfully organized by CAP member Bill McIraith
and his wife Lauren where all participants had a great day, with the event also being a very successful fundraising activity.

• Cancer Australia launched two new online multimedia resources, the Consumer Learning Website and the Consumer Involvement Toolkit, to assist the engagement and education of consumers affected by cancer in cancer control efforts.

• The development of a secure centralised website space for CAP resource material and template documentation to assist the CAP with ongoing education and knowledge to support the primary activity of the CAP with reviewing trial documentation.

• CAP members (Ray Allen and I) were invited onto the Fundraising and Promotions Subcommittee as we were already working on two new fundraising initiatives, ANZUP Research Prospectus and EveryDay Hero. This allows the CAP to continue to focus on its primary purpose to review clinical trial protocols, and assist in reaching out to the wider GU community i.e. patients, carers and families and educate them on the benefits of clinical trials and their importance in patient outcomes in the future.

• Working towards a fantastic CAP education session planned pre the ASM where we have a unique opportunity to collaborate with the ANZBCTG CAP to run a joint session. We are extremely grateful to the ever supportive Leonie Young for her ongoing support and mentorship to all of us on the ANZUP CAP. We are very excited to be able to share this experience and feel confident that we will all benefit from the mix of both new and experienced CAP members from both CCTG’s. We will once again host our Community Engagement Forum and we hope to see many community members attend this afternoon session.

For the year ahead I hope that with the ongoing support and education programs offered to the CAP that it will ensure greater participation in the various SAC sub committees and that we can work together as a team regardless of the specific UG cancer experience to review various protocols and research ideas and patient information sheets. There are certainly busy times ahead with lots of opportunities to participate.

The CAP are also indebted to the tireless support of Marg McJannett and Yi Feng who keep us organised and focused, we cannot thank you enough for your support and positive feedback. To Ian Davis and the ANZUP Board thank you for your efforts to ensure we are welcome and supported as the CAP works to increase its effectiveness and support of the various sub committees.

To the CAP, we are a team, and I look forward to working with you over the next 12 months and catching up with everyone for the great program at the ASM in July 2013.

Bladder Cancer
Subcommittee: Manish Patel

The bladder cancer subcommittee has had a very successful year. The first study to be developed was the BCG and Mitomycin sequential therapy trial for high risk NMIBC. This has received funding from Cancer Australia and the trial protocol is in its final stages of revision prior to ethics applications. We envisage this trial will be open for enrolment within 6 months. In addition to this the sub-committee is also looking at developing translational research and quality of life studies in parallel.

The sub-committee is also in the process of developing a few more concepts. The first is the use of NAB-paclitaxel as second line treatment for advanced urothelial Carcinoma. This phase II randomised trial is headed by NCI Canada, and we are currently investigating the potential for ANZUP to collaborate. A second concept currently also being developed is the use of Gemcitabine/NAB-paclitaxel as neoadjuvant therapy for MIBC in patients unsuitable for cisplatin therapy.

The final concept under review is a randomised trial comparing neoadjuvant to adjuvant chemotherapy in patients undergoing cystectomy for MIBC.

I am pleased to advise that Professor Dickon Hayne has agreed to take on the role of Deputy Chair of the Bladder subcommittee, pending Board ratification. The bladder cancer sub-committee is
I am pleased to advise that Professor Paul de Souza has agreed to take on the role of Deputy Chair of the Correlative and Translational subcommittee, pending Board ratification. We look forward to engaging with ANZUP members in clinical trials concepts in the upcoming year and to apply these new advances.

Germ Cell Subcommittee: Peter Grimison

The germ cell sub-committee membership continues to grow in size, meet regularly, and generate new concepts. The last 12 months have been very productive with the completion to accrual of the “Chemotherapy and Cognition study”, receipt of funding and start-up of the “Phase III study of accelerated BEP for metastatic germ cell tumours”, and publication of a number of completed studies.

Active studies:

1. Phase III study of accelerated versus standard BEP for metastatic germ cell tumours

Funding to initiate this randomised trial of alternate schedules of chemotherapy for patients with intermediate or poor-risk advanced germ cell tumours was awarded by Cancer Council Australia and Cancer Australia in January 2013 (Chief investigators: Grimison P, Toner G, Stockler M, Friedlander M, Thomson D, Gebski V, King M, Quinn D, Singhal N). This will be the flagship study of the germ cell subcommittee. 25 sites across Australia and New Zealand, and 5 sites from the UK and USA are expected to participate in stage I of the study, which aims to recruit 150 patients. Representatives from the subcommittee continue to meet with international trial groups, who will be invited to participate in stage II of the study that aims to recruit an additional 350 patients. Investigators and staff from ANZUP and the CTC - including our new ANZUP fellow Dr Anne Long, trial coordinator Jennifer Thompson, Associate Oncology Program Manager Xanthi Coskinas, and CTC translational fellow Sonia Yip - are working hard to complete start-up procedures with view to commencing recruitment in the third quarter of 2013.


This study is to be conducted by the Psycho-oncology Cooperative Research Group (PoCoG) in collaboration with ANZUP. Funding for pilot work was awarded by Cancer Council Australia and Sydney Catalyst. A project grant application for a subsequent randomised controlled trial is planned.
Studies in follow-up or completed:

1. **Chemotherapy and Cognition study**

This study, supported by Cancer Councils, is prospectively monitoring cognitive function in patients managed with and without chemotherapy for testicular cancer, completed accrual in July 2012. 150 patients, including 50 patients for surgery without chemotherapy, and 100 patients for chemotherapy, were recruited between 2008 and 2012 from 14 sites in Australia and New Zealand. The final statistical analysis is planned for the second half of 2013. Acknowledgement is given to all investigators and trials staff who diligently recruited patients, answered data queries, and continue follow-up. Ian Olver presented a provocative substudy at the Clinical Oncological Society of Australia Annual Scientific Meeting in Brisbane, November 2012; also presented as a poster by Marion Fournier at the ANZUP ASM 2012; investigating the prevalence of hypogonadism amongst study participants, and its correlation with quality of life.

2. **Phase II study of accelerated BEP for advanced germ cell tumours**

This study, supported by Cancer Councils NSW, Victoria, Queensland and South Australia; completed accrual in 2011. Follow-up is ongoing. A combined analysis of this ANZUP study and a related phase I trial of accelerated BEP from the United Kingdom was conducted by ANZUP statistician Mark Chatfield, and presented at a poster-discussion session of the American Society of Clinical Oncology Annual Meeting, June 2012 in Chicago.

3. **Single-arm phase II study of aprepitant to reduce nausea and vomiting in patients receiving cisplatin-based chemotherapy for advanced germ cell tumours**

This study, led by Ian Olver and Damien Thomson, and supported by Merck and Co. and Merck Sharp & Dohme (Australia) Pty Limited, completed accrual in 2011. The study manuscript has been published:


4. **“Understanding the psychosocial sequelae of surviving testicular cancer”**

This study, conducted in collaboration with the Psycho-oncology Co-operative Research Group (PoCoG) and supported by beyondblue and Cancer Australia, completed accrual in 2011. Results identified higher levels of anxiety and depression, and a number of psychological and sexual unmet needs. A new manuscript has been published:

Smith AB, King MT, Butow PN, Grimison P, Olver IN. Internet-panel controls have poorer health-related quality of life and higher levels of depression and anxiety than the general population (Research Letter). Epidemiology 2013; In press February 1.

A working party has been formed with representatives from ANZUP, PoCoG, Griffith University, clinical nurses and clinical psychologists to develop interventions that address the unmet psychosocial and sexual needs of patients with testicular cancer identified by this study.

5. **Patterns of care survey for stage I testicular cancer**

This study, led by previous ANZUP fellow Dr Baerin Houghton, was conducted in 2011. The study identified considerable variation in use of surveillance or adjuvant therapy, and frequency of imaging during follow-up. The manuscript for this study is in press:

P Grimison, B Houghton, M Chatfield, GC Toner, ID Davis, J Martin, E Hovey, M R Stockler. Patterns of Care for Stage I Testicular Cancer in Australia. BJU International 2013; In press February 26.

The germ cell subcommittee is actively working on the development of a subsequent interventional study that will promote the use of surveillance and standardise the imaging schedule.

**ANZUP ASM 2012**

There was a strong profile for germ cell tumours at the ANZUP ASM in Sydney, July 2012. This included a germ cell session on the trainees day, a plenary session on stage I testicular cancer by A/Prof Guy Toner, presentation on stage II seminoma by Dr Jarad Martin, research presentations by Dr Ben Tran on outcomes of translational research, and a number of proffered abstracts.
Prostate Cancer Subcommittee: Scott Williams

The prostate subcommittee continues to expand its portfolio of active studies and proposals in various states of development.

We presently have four active cobadged studies being led by several trials groups. The ProCare study (PC4 lead) is a randomised study of specialist v non-specialist follow-up in men following radical therapy for prostate cancer. It is open at several centres now and is supported by several ANZUP members. The RAVES study (TROG lead) is a randomised study comparing adjuvant to early salvage radiotherapy in men with a high recurrence risk after prostatectomy. It has now reached the half-way mark (240 participants). Next, the NHMRC-funded randomised trial of a mindfulness intervention for men with advanced prostate cancer led out of Griffith University has opened in centres in Qld, NSW, Vic and WA in a very timely manner and I expect will start accruing quickly. Finally, the PCFA-funded study led by Prof Jane Ussher (UWS) entitled “Sexual Wellbeing and Quality of Life after Prostate Cancer for Gay and Bisexual Men and their Partners” has progressed to being rolled out to several centres. This project will examine the psychological burden of changes to sexual wellbeing and intimate relationships in gay and bisexual men with prostate cancer and their male partner/s.

Competitive funding applications have been submitted for several ANZUP initiatives also. A key application relates to a randomised study of Penthrox analgesia in trans-rectal prostate biopsy, deriving from a concept presented at last years ASM.

The exciting discussions with international collaborators regarding large scale studies on novel hormonal therapies have also progressed well, with key meetings taking place in the near future. It is anticipated that ANZUP will have assume central trial management of these large multi-national initiatives. The scale and budget of these proposals will be unprecedented for us, and have the capacity to promote ANZUP widely on the world stage.

ANZUP also continues to foster a role in Movember initiatives which are likely to involve our membership in the near future.

Please continue to promote membership to colleagues with an interest in GU cancers, and nominate for one or more subcommittees.

Quality of Life and Supportive Care Subcommittee: Suzanne Chambers

The Quality of Life and Supportive Care Committee continues to provide advice across the Group about these aspects of trial design. We have two active cobadged studies:

1. Living Well with Prostate Cancer

This study is an NHMRC-funded project investigating the effectiveness of a mindfulness-based cognitive therapy program and a patient education program for men with advanced prostate cancer. This project is a collaboration between ANZUP, Cancer Council Queensland and Griffith University with support from the Prostate Cancer Foundation of Australia and is led by Professor Suzanne Chambers. The protocol for the project was recently published in BMC Cancer.

Over the past year, Living Well with Prostate Cancer has received ethical and governance approvals for sites in QLD, NSW, VIC and WA and has been recruiting through 20 sites in these States. Recruitment for this project will be ongoing throughout 2013 and clinicians who are interested in referring their patients to this project should contact the Project Manager Rob McDowall (robmcdowall@cancerqld.org.au, 07 3634 5314) or Professor Suzanne Chambers (suzanne.chambers@griffith.edu.au, 07 5678 0008) for more information.

Some participants have now completed the mindfulness or patient education programs and will be followed over the next 9 months to assess changes in psychological distress, quality of life and benefit finding. Follow-up for this project will continue into 2014.

2. Sexual Wellbeing and Quality of Life after Prostate Cancer for Gay and Bisexual Men and their Partners

Currently we are looking for participants to take part in this PCFA funded national research project, which aims to examine the psychological burden of changes to sexual wellbeing and intimate relationships in gay and bisexual (GB) men with prostate cancer (PCa) and their male partner/s. This project is a collaboration between University of Western Sydney (UWS) and ANZUP.

There are two stages to the research, a survey and semi-structured individual interviews. We are looking for Gay and bisexual men who have, or have had, prostate cancer (18+ years), and male partners of gay or bisexual men who currently have prostate cancer (18+ years) – participants do not have to be in a relationship to take part. If you would like to assist with recruitment, please contact Margaret McJannett, or the research team, on cancerandsexuality@uws.edu.au 02 4620 3606.

Please continue to promote membership to your colleagues with an interest in GU cancers.
The RCC subcommittee continued to meet quarterly over the last twelve months. We currently oversee two ongoing studies and have several other concepts at various levels of development. Our current trials include:

1. **SORCE.** This trial will determine the efficacy and safety of sorafenib in the setting of intermediate or high risk resected RCC. It is led by the Medical Research Council UK and closed to accrual in April 2013. Participants will be treated for three years and then followed for several more years, so this trial still has a long way to run although accrual is now complete. ANZUP conducted this trial at 22 sites and contributed approximately 10% of the total accrual of over 1700 participants; our accrual was the highest outside the UK, and some individual ANZUP sites accrued more patients than certain entire European countries! We have continually had feedback that our data quality and timeliness is at a very high standard. As a result, ANZUP is likely to participate in the next adjuvant RCC trial to be led by this international consortium, indicating recognition at the international level.

SORCE includes the TRANSORCE tissue substudy, to which several ANZUP sites accrued; and the patient preferences “PAS in SORCE” substudy, developed by ANZUP researchers and aiming to determine patient preferences and expectations in relation to the treatment and its toxicity. The PAS in SORCE substudy was also open at several UK sites and interesting results have already been obtained from only the baseline data. We look forward to more interesting outcomes from this substudy.

2. **EVERSUN.** EVERSUN aims to assess the safety and feasibility of alternating sunitinib and everolimus, with the hypotheses that this approach is safe and might delay or prevent the development of resistance. This trial was developed entirely by ANZUP and has attracted considerable international attention. Accrual completed in 2012 and several patients remain on study. Data cleaning and analysis is currently underway and results are expected late in 2013, with a view to presentation and publication in 2014.

EVERSUN included the translational substudy (EVERSUN-T), led by Sonia Yip. This involved measurement of circulating tumour cells (with the support of Colleen Nelson’s laboratory) as well as measurement of key serum markers (work currently being performed by Nick Pavlakis). Results from this work should also be available late in 2013.

The RCC subcommittee has several concepts in development and ANZUP is currently looking at the feasibility, logistics and potential funding streams for these.

Many thanks to all the RCC subcommittee members for their enthusiastic participation; to all of our clinical sites for their excellent work; and to our trial participants, because we know it is sometimes not an easy path for you to follow.
Grants Awarded

Infrastructure Grants
Funds provided by the Cancer Institute New South Wales and Cancer Australia to support ANZUP infrastructure are managed by the University of Sydney NHMRC Clinical Trials Centre and therefore not reported in the financial accounts of ANZUP unless transferred in support of specific expenses incurred by ANZUP. Grants contributing to ANZUP infrastructure costs during the 2012-2013 period are outlined below.

Funding
Cancer Australia Infrastructure Grant: 1 July 2010 to 30 June 2013 - $1,394,826 was awarded to ANZUP and the NHMRC Clinical Trials Centre. During this reporting period $144,466 was transferred to ANZUP and was reported in the 2012 Annual Accounts.

Cancer Institute NSW Infrastructure Grant: 1 January 2013 to 1 January 2016 was awarded to ANZUP and the NHMRC Clinical Trials Centre - $300,000.

Research Grants
Funds provided by Cancer Australia, the National Health and Medical Research Council, the Cancer Institute NSW and other bodies in support of trial coordination are also managed by the University of Sydney NHMRC Clinical Trials Centre and therefore are not reported in the financial accounts of ANZUP.

Grants awarded to ANZUP Cancer Trials Group during this reporting period are listed below:

SORCE: A phase III randomised double-blind study comparing sorafenib with placebo in patients with resected primary renal cell carcinoma at high or intermediate risk of relapse. Funding Medical Research Council, United Kingdom $820,000: 2009-2017

EVERSUN: A phase II trial of EVERolimus alternating with SUNitinib as first line therapy for advanced renal cell carcinoma. Funding Novartis $1,053,318: 2010-2013


ANZUP GRANTS MANAGED BY NHMRC CTC
UP TO 31 MARCH, 2013

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## Participating Centres

ANZUP Cancer Trials Group conducts clinical trials in 79 hospitals and medical centres across metropolitan and regional areas in Australia and New Zealand.

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<th>Centre Name</th>
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<td>Riverina Cancer Care Centre</td>
<td></td>
</tr>
<tr>
<td>NSW</td>
<td>Royal North Shore Hospital</td>
<td></td>
</tr>
<tr>
<td>NSW</td>
<td>Royal Prince Alfred Hospital</td>
<td></td>
</tr>
<tr>
<td>NSW</td>
<td>St George Hospital</td>
<td></td>
</tr>
<tr>
<td>NSW</td>
<td>St Vincent’s Clinic</td>
<td></td>
</tr>
<tr>
<td>NSW</td>
<td>Sydney Adventist Hospital</td>
<td></td>
</tr>
<tr>
<td>NSW</td>
<td>Westmead Hospital</td>
<td></td>
</tr>
<tr>
<td>NSW</td>
<td>Wollongong Hospital</td>
<td></td>
</tr>
<tr>
<td>NT</td>
<td>Royal Darwin Hospital</td>
<td></td>
</tr>
<tr>
<td>QLD</td>
<td>Brisbane Urology</td>
<td></td>
</tr>
<tr>
<td>QLD</td>
<td>Dr Steven Lun</td>
<td></td>
</tr>
<tr>
<td>QLD</td>
<td>Greenslopes Urology Clinic</td>
<td></td>
</tr>
<tr>
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<td>Mater Centre</td>
<td></td>
</tr>
<tr>
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<td>Premier</td>
<td></td>
</tr>
<tr>
<td>QLD</td>
<td>Princess Alexandra Hospital</td>
<td></td>
</tr>
<tr>
<td>QLD</td>
<td>Redcliffe Hospital</td>
<td></td>
</tr>
<tr>
<td>QLD</td>
<td>Royal Brisbane &amp; Women’s Hospital</td>
<td></td>
</tr>
<tr>
<td>QLD</td>
<td>Toowoomba Cancer Research Centre</td>
<td></td>
</tr>
<tr>
<td>QLD</td>
<td>Townsville Hospital</td>
<td></td>
</tr>
<tr>
<td>QLD</td>
<td>Troy Gianduzzo Urology</td>
<td></td>
</tr>
<tr>
<td>QLD</td>
<td>Wesley Medical Centre</td>
<td></td>
</tr>
<tr>
<td>QLD</td>
<td>Yale Urology</td>
<td></td>
</tr>
<tr>
<td>SA</td>
<td>Ashford Cancer Centre</td>
<td></td>
</tr>
<tr>
<td>SA</td>
<td>Flinders Medical Centre</td>
<td></td>
</tr>
<tr>
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<td>Royal Adelaide Hospital</td>
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<tr>
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<tr>
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</tr>
<tr>
<td>TAS</td>
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<td></td>
</tr>
<tr>
<td>VIC</td>
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<td></td>
</tr>
<tr>
<td>VIC</td>
<td>Austin Hospital</td>
<td></td>
</tr>
<tr>
<td>VIC</td>
<td>Australian Urology Associates</td>
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</tr>
<tr>
<td>VIC</td>
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<td></td>
</tr>
<tr>
<td>VIC</td>
<td>Ballarat Oncology and Haematology Services</td>
<td></td>
</tr>
<tr>
<td>VIC</td>
<td>Bendigo Health</td>
<td></td>
</tr>
<tr>
<td>VIC</td>
<td>Bendigo Hospital (Peter MacCallum radiotherapy centre)</td>
<td></td>
</tr>
<tr>
<td>VIC</td>
<td>Border Medical Oncology</td>
<td></td>
</tr>
<tr>
<td>VIC</td>
<td>Booragoon Hill Hospital</td>
<td></td>
</tr>
<tr>
<td>VIC</td>
<td>Cabrini Hospital</td>
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</tr>
<tr>
<td>VIC</td>
<td>Eastern Health</td>
<td></td>
</tr>
<tr>
<td>VIC</td>
<td>Epworth Health</td>
<td></td>
</tr>
<tr>
<td>VIC</td>
<td>Geelong Hospital</td>
<td></td>
</tr>
<tr>
<td>VIC</td>
<td>Peninsula Oncology Centre, Frankston Private Hospital</td>
<td></td>
</tr>
<tr>
<td>VIC</td>
<td>Peter MacCallum Cancer Centre</td>
<td></td>
</tr>
<tr>
<td>VIC</td>
<td>Southern Health</td>
<td></td>
</tr>
<tr>
<td>VIC</td>
<td>St Vincent’s Hospital</td>
<td></td>
</tr>
<tr>
<td>VIC</td>
<td>Sunshine Hospital (Peter MacCallum radiotherapy centre)</td>
<td></td>
</tr>
<tr>
<td>VIC</td>
<td>The Alfred Hospital</td>
<td></td>
</tr>
<tr>
<td>VIC</td>
<td>The Royal Melbourne Hospital</td>
<td></td>
</tr>
<tr>
<td>VIC</td>
<td>Western Hospital</td>
<td></td>
</tr>
<tr>
<td>WA</td>
<td>Fremantle Hospital</td>
<td></td>
</tr>
<tr>
<td>WA</td>
<td>Perth Radiation Oncology</td>
<td></td>
</tr>
<tr>
<td>WA</td>
<td>Royal Perth Hospital</td>
<td></td>
</tr>
<tr>
<td>WA</td>
<td>Sir Charles Gairdner Hospital</td>
<td></td>
</tr>
<tr>
<td>New Zealand</td>
<td>Auckland Hospital</td>
<td></td>
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<tr>
<td>New Zealand</td>
<td>Christchurch Hospital</td>
<td></td>
</tr>
<tr>
<td>New Zealand</td>
<td>Dunedin Hospital</td>
<td></td>
</tr>
<tr>
<td>New Zealand</td>
<td>Palmerston North Hospital</td>
<td></td>
</tr>
<tr>
<td>New Zealand</td>
<td>Waikato Hospital</td>
<td></td>
</tr>
<tr>
<td>New Zealand</td>
<td>Wellington Hospital</td>
<td></td>
</tr>
</tbody>
</table>
Publications and Presentations

Papers


Conference abstracts


Papers


2013

Grimison P, Houghton B, Chatfield M, Toner G, Davis I, Martin J, Hovey E, Stockler M. Patterns of management and surveillance imaging for stage I testicular cancer amongst medical oncologists in Australia. BJU International. Published online May 2013.


Financial Report

ANZUP Cancer Trials Group Limited
ABN: 32 133 634 956


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   Statement of profit or loss and other comprehensive income . 36
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Independent auditor’s report ........................................... 46
The directors of ANZUP Cancer Trials Group Limited (the company) submit their annual financial report for the year ended 31 March 2013.

Directors

The following persons were directors of the company during the whole of the year and up to the date of this report, unless otherwise stated:

Ian Davis (Chair)
Guy Toner (Deputy Chair)
Lizbeth Kenny (Treasurer)
Joe Esposito
Glenn Ferguson
Linda Martin
Henry Woo
Martin Dowling (appointed 1 May 2013)

Information on directors

_Ian Davis MB, BS, PhD, FRACP, FAChPM. Chair._

Professor Ian Davis is a medical oncologist and is Professor of Medicine and Head of the Eastern Health Clinical School, Monash University and Eastern Health, in Melbourne, Australia. He holds honorary appointments with the Ludwig Institute for Cancer Research and Austin Health, and as an Associate Professor of the University of Melbourne and Associate of the University of Sydney. He is an NHMRC Practitioner Fellow. His primary clinical interests are in urologic cancer and in melanoma, and his primary research interests are in cancer immunology and the biology of urologic cancers. Professor Davis is a member of the Urology and Skin Committees and the Standing Subcommittee on Research for the Cancer Council Victoria. He is chair of the COSA Urologic Oncology Group and a member of the COSA executive.

_Guy Toner MBBS, MD, FRACP._

Associate Professor Guy Toner is a Consultant Medical Oncologist at Peter MacCallum Cancer Centre and Associate Professor of Medicine at the University of Melbourne. He is a graduate of the University of Melbourne and undertook sub-specialty training in medical oncology in Melbourne before spending 3 years at Memorial Sloan-Kettering Cancer Centre, New York. His clinical and research interests include all urological cancers with a particular interest in testicular cancer, which was the subject of his MD thesis. He has been an active member of other cooperative trials groups including as a past member of the Scientific Advisory Boards of the ANZ Breast Cancer Trials Group and the Australian Sarcoma Study Group. He was Head of the Medical Oncology Unit at Peter MacCallum Cancer Centre from 1993-2007. He was Chair of the ANZ Germ Cell Trials Group from 1995 until it merged to form ANZUP and since then he has been the Deputy Chair of ANZUP.

_Lizbeth Kenny MD, BS, FRANZCR, FACR. Treasurer._

Dr Liz Kenny graduated in Medicine from The University of Queensland in 1980, and completed her specialty training in Radiation Oncology at The Queensland Radium Institute in Brisbane in 1987.

Dr Kenny is a Senior Radiation Oncologist at The Royal Brisbane & Women’s Hospital. In 2005 she was appointed as Medical Director, Central Integrated Regional Cancer Service and is committed to improving Cancer Services in Queensland. Her main areas of specialty interest are Head and Neck Cancer, Breast Cancer and Urological Malignancies.

Dr Kenny currently serves as the Clinical Lead for the Queensland Health Imaging Program.

Dr Kenny has served as The Dean of The Faculty of Radiation Oncology, The Royal Australian and New Zealand College of Radiologists and The President of The Clinical Oncological Society of Australia. She is a past President of The Royal Australian and New Zealand College of Radiologists. She has been awarded Honorary Memberships of The European Society of Radiology, The Radiological Society of North America and an Honorary Fellowship of The American College of Radiology, The British Institute of Radiology and the Royal College of Radiologists.
Joe Esposito

Mr Joe Esposito is a Melbourne director who owns a BOQ (Bank of Queensland) branch in the inner city suburb of Collingwood [Victoria]. Prior to this he was a management consultant and had over 20 years in corporate banking in Australia and New Zealand. He was also CEO of ASX listed Jetset Travelworld Limited between 2003 and 2006.

Mr Esposito has a close affinity with the objectives of ANZUP and the needs of consumers. He has Bachelor of Commerce and Master of Applied Finance degrees. He is a graduate member of the Australian Institute of Company Directors.

Glenn Ferguson

Mr Glenn Ferguson is a Solicitor of the High Court of Australia and the Supreme Court of Queensland. An experienced commercial and corporate lawyer he has acted in complex transactions and disputes for a range of clients both nationally and internationally.

He is a past President of the Law Council of Australia the peak national body which represents the legal profession nationally and internationally, past President of Lawasia the law association for Asia and the Pacific and a past president of the Queensland Law Society. He is also a Senior Counsellor with the Queensland Law Society and has previously chaired their professional standards committee.

Mr Ferguson is a Founding Fellow of the Australian Academy of Law, a Fellow of the Australian Institute of Company Directors and a Fellow of the Australia and New Zealand College of Notaries. He was appointed the inaugural Adjunct Professor in Law at the University of the Sunshine Coast.

He is currently Chair of WorkCover Queensland, Lexon Insurance and a Governor of the College of Law.

Mr Ferguson has also held or continues to hold a number of board positions in both the public and private sector in the insurance, superannuation, education, sport, charity and information technology areas including chairing a publicly listed company.

He has been appointed by both Federal and State Governments to various advisory boards and task forces in the legal, business and immigration sectors.

Linda Martin

Ms Linda Martin is the Chief Executive Officer of Arthritis Victoria and Osteoporosis Victoria. She was previously Managing Director of consultancy firm, Martin Bonato and Associates Pty. Ltd., with a focus primarily in the community and health sectors. Her experience also included the financial and safety industries. Prior to working as a consultant, Linda was a senior executive in the Victorian public service, working primarily in the community service sector managing regional operations, programs and major projects. She has also been a lecturer in Social Work at the University of Melbourne.

Ms Martin has an extensive knowledge of government processes with significant experience in fund raising. Her work in private, public and not for profit organisations includes strategic and business planning, program review, change management, program and project management, performance enhancement, alliance development, leadership and people development.

Henry Woo

Associate Professor Henry Woo is a urological surgeon with a subspecialty practice in prostate disease. He is an Associate Professor of Surgery at the Sydney Adventist Hospital Clinical School of the University of Sydney. In his student days, he was a Board Director of the University of Sydney Union and an elected delegate of the Sydney University Student Representative Council and Producer of a Sydney University Medical Revue.

He is regularly invited to teach and perform live surgical demonstrations locally and abroad. He runs a busy clinical trials unit at the Sydney Adventist Hospital with studies in both prostate cancer and benign prostatic hyperplasia.
Henry Woo (continued)

Associate Professor Henry has extensive experience in multicentre clinical trials, amongst which include being Principal Investigator of a study of lower urinary tract symptoms (LUTS) in men with advanced prostate cancer, Principal Investigator of Urolift treatment for LUTS due to BPH study, co-Chair of the Timing of Androgen Deprivation (TOAD) study and being on the Trial Management Committee of the RAVES study for prostate cancer. He is also a member of the Scientific Reference Committee of the Prostate Cancer Foundation of Australia. Recently, he was appointed as the inaugural CME Editor of the BJUI and he is also on the editorial boards of the journals Prostate Cancer Prostatic Diseases, Prostate International and World Journal of Clinical Urology. He regularly reviews manuscripts for major urological journals including European Urology, BJUI, Journal of Urology, Urology, Nature Reviews Urology and Journal of Endourology. He has 88 publications in peer reviewed journals with several more currently in editorial review. He has developed a strong interest in role of social media in urology and is the coordinator of the International Urology Journal Club on Twitter. The American Urological Association has recently appointed him to their Social Media Workgroup. He regularly blogs and has published on Croakey, KevinMD and BJUI Blogs as well as his personal blog site. He can be found on Twitter @DrHWoo.

Martin Dowling

Mr Martin Dowling has held senior management and executive level financial and commercial roles at some of the largest companies in the world. He has delivered in leadership roles against a broad portfolio of responsibilities across a range of industries from mining and engineering to green energy and defence. He has a Bachelor of Commerce and MBA degree and is a Fellow of CPA Australia and a graduate member of the Australian Institute of Company Directors. He is committed to the pursuit of charitable and societal goals as a Director on not-for-profit boards and also actively in the local community.

Company Secretary

Ms Margaret McJannett was appointed secretary on 9 February 2011 and continues in office at the date of this report. Ms McJannett also serves as the company’s Executive Officer.

Meetings of Directors

During the year, five meetings of directors were held. Attendances by each director were as follows:

<table>
<thead>
<tr>
<th>Directors’ meetings</th>
<th>Number eligible to attend</th>
<th>Number attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ian Davis</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Guy Toner</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Lizbeth Kenny</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Joe Esposito</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Glenn Ferguson</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Linda Martin</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Henry Woo</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Martin Dowling (appointed 1 May 2013)</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Principal activity

The mission of the Company is to conduct clinical trial research to improve treatment of Bladder, Kidney, Testicular and Prostate Cancers.
Objectives of the company

The objectives of the Company are to develop, foster and promote prostate and urogenital cancer research by:

- providing access to clinical trials for all appropriate Australian and New Zealand patients;
- increasing involvement of and collaboration with various professional disciplines in clinical and preclinical research;
- providing opportunities for clinical research;
- building systems to simplify and streamline clinical research of the highest quality;
- fostering a culture of research amongst all clinicians involved in the care of patients with urogenital cancers;
- providing training opportunities for the next generation of clinical researchers;
- providing for translational studies in prostate and other urogenital cancers, including tissue banking from clinical trials for further studies.

The company intends to meet these objectives through performing industry sponsored and other clinical trials, ensuring these trials are widely accessible to patients, creating strong links with Cancer Australia and other peak bodies, engaging professional disciplines at all levels of protocol development and implementation, and securing funding to support clinical research training positions.

Review of operations

The company’s net income for the year was $163,728 (2012: $193,133).

At 31 March 2013, the company had net assets of $389,068 (2012: $225,340).

Changes in state of affairs

There were no significant changes in the state of affairs of the company during the year ended 31 March 2013.

Subsequent events

No matters or circumstance have arisen since the end of the year that have significantly affected, or may significantly affect, the operations of the company, the results of these operations, or the state of affairs of the company in future years.

Future developments

Likely developments in the operations of the company and the expected results of those operations in future years have not been included in this report as the inclusion of such information is likely to result in unreasonable prejudice to the company.

Court proceedings

No person has applied for leave of Court to bring proceedings on behalf of the company or intervene in any proceedings to which the company is a party for the purpose of taking responsibility on behalf of the company for all or any part of those proceedings.

The company was not a party to any such proceedings during the year.

Environmental issues

The company’s operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a State or Territory.
Indemnification of officers and auditors

The company has paid premiums to insure each director against liabilities for costs and expenses incurred by them in defending any legal proceedings arising out of their conduct involving a wilful breach of duty in relation to the company. The amount of the premium paid during the period was $1,199.

Auditors’ independence declaration

A copy of the auditors’ independence declaration as required under section 307C of the Corporations Act 2001 is set out on the next page.

Signed in accordance with a resolution of Directors.

Ian Davis
Chairman

Sydney, 31 May 2013
DECLARATION OF INDEPENDENCE BY PAUL BULL TO THE DIRECTORS OF ANZUP CANCER TRIALS GROUP LIMITED

As lead auditor of ANZUP Cancer Trials Group Limited for the year ended 31 March 2013, I declare that, to the best of my knowledge and belief, there have been:

• no contraventions of the auditor independence requirements of the Corporations Act 2001 in relation to the audit; and

• no contraventions of any applicable code of professional conduct in relation to the audit.

[Signature]

Paul Bull
Partner

BDO East Coast Partnership
Sydney, 31 May 2013
ANZUP Cancer Trials Group Limited  
Statement of Profit or Loss and Other Comprehensive Income  
For the year ended 31 March 2013

<table>
<thead>
<tr>
<th>Notes</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Revenue</td>
<td>623,522</td>
<td>466,203</td>
</tr>
<tr>
<td>Employee benefits expenses</td>
<td>(171,149)</td>
<td>(117,642)</td>
</tr>
<tr>
<td>Administration expenses</td>
<td>(288,645)</td>
<td>(155,428)</td>
</tr>
<tr>
<td><strong>Net income for the year</strong></td>
<td>163,728</td>
<td>193,133</td>
</tr>
<tr>
<td>Other comprehensive income for the year</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total comprehensive income</strong></td>
<td>163,728</td>
<td>193,133</td>
</tr>
</tbody>
</table>

The above statement of profit or loss and other comprehensive income should be read in conjunction with the accompanying notes.
NZUP Cancer Trials Group Limited  
Statement of Financial Position  
As at 31 March 2013

<table>
<thead>
<tr>
<th>Notes</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>4</td>
<td>514,855</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>5</td>
<td>30,350</td>
</tr>
<tr>
<td>Total current assets</td>
<td></td>
<td>545,205</td>
</tr>
<tr>
<td><strong>Non-current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office equipment</td>
<td></td>
<td>1,867</td>
</tr>
<tr>
<td>Total non-current assets</td>
<td></td>
<td>1,867</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td></td>
<td>547,072</td>
</tr>
<tr>
<td><strong>Current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>6</td>
<td>151,118</td>
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<tr>
<td>Employee benefits</td>
<td></td>
<td>6,886</td>
</tr>
<tr>
<td>Total current liabilities</td>
<td></td>
<td>158,004</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td></td>
<td>158,004</td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td></td>
<td>389,068</td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retained earnings</td>
<td></td>
<td>389,068</td>
</tr>
<tr>
<td><strong>Total equity</strong></td>
<td></td>
<td>389,068</td>
</tr>
</tbody>
</table>

The above statement of financial position should be read in conjunction with the accompanying notes.
## Statement of Changes in Equity

For the year ended 31 March 2013

<table>
<thead>
<tr>
<th>Retained earnings</th>
<th>Total equity</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Balance at 1 April 2011</td>
<td>32,207</td>
</tr>
</tbody>
</table>

Net income for the year 193,133 193,133
Other comprehensive income for the year - -

Total comprehensive income for the year 193,133 193,133

| Balance as at 31 March 2012 | 225,340 | 225,340 |

Balance at 1 April 2012 225,340 225,340
Net income for the year 163,728 163,728
Other comprehensive income for the year - -

Total comprehensive income for the year 163,728 163,728

| Balance as at 31 March 2013 | 389,068 | 389,068 |

The above statement of changes in equity should be read in conjunction with the accompanying notes.
ANZUP Cancer Trials Group Limited
Statement of Cash Flows
For the year ended 31 March 2013

<table>
<thead>
<tr>
<th>Notes</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash flows from operating activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipts from grants</td>
<td>177,071</td>
<td>132,675</td>
</tr>
<tr>
<td>Receipts from sundry income</td>
<td>601,148</td>
<td>155,216</td>
</tr>
<tr>
<td>Receipts from donations</td>
<td>53,117</td>
<td>56,289</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(505,165)</td>
<td>(258,752)</td>
</tr>
<tr>
<td>Net cash inflow from operating activities</td>
<td>326,171</td>
<td>85,428</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash flows from investing activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments for office equipment</td>
<td>(1,939)</td>
<td>-</td>
</tr>
<tr>
<td>Net cash outflow from investing activities</td>
<td>(1,939)</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net increase in cash and cash equivalents</td>
<td>324,232</td>
<td>85,428</td>
</tr>
<tr>
<td>Cash and cash equivalents at the beginning of the year</td>
<td>190,623</td>
<td>105,195</td>
</tr>
<tr>
<td>Cash and cash equivalents at the end of the year</td>
<td>514,855</td>
<td>190,623</td>
</tr>
</tbody>
</table>

The above statement of cash flows should be read in conjunction with the accompanying notes.
Note 1. Summary of significant accounting policies

This financial report covers ANZUP Cancer Trials Group Limited (the company) as an individual entity for the year ended 31 March 2013. The company is limited by guarantee and is incorporated and domiciled in Australia.

The company’s accounting policies adopted in the preparation of the financial statements are set out below.

New, revised or amending Accounting Standards and Interpretations adopted

The company has adopted all of the new, revised or amending Accounting Standards and Interpretations issued by the Australian Accounting Standards Board (AASB) that are mandatory for the current reporting period.

The company has early adopted AASB 1053 Application of Tiers of Australian Accounting Standards and AASB 2010-2 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements. No other new, revised or amending Accounting Standards or Interpretations that are not yet mandatory have been early adopted.

Any significant impact on the accounting policies of the company from the adoption of these Accounting Standards and Interpretations are disclosed in the relevant accounting policy. The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of the company.

The following Accounting Standards and Interpretations are most relevant to the company:

AASB 1053 Application of Tiers of Australian Accounting Standards
The company has early adopted AASB 1053 from 1 April 2010. This standard establishes a differential financial reporting framework consisting of two Tiers of reporting requirements for preparing general purpose financial statements, being Tier 1 Australian Accounting Standards and Tier 2 Australian Accounting Standards – Reduced Disclosure Requirements. The company being classed as Tier 2 continues to apply the full recognition and measurements requirements of Australian Accounting Standards with substantially reduced disclosure in accordance with AASB 2010-2.

AASB 2010-2 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements
The company has early adopted AASB 2010-2 from 1 April 2010. These amendments make numerous modifications to a range of Australian Accounting Standards and Interpretations, to introduce reduced disclosure requirements to the pronouncements for application by certain types of entities in preparing general purpose financial statements. The adoption of these amendments has significantly reduced the company’s disclosure requirements.

Basis of preparation

This financial report is a general purpose financial report which has been prepared in accordance with Australian Accounting Standards - Reduced Disclosure Requirements, including the Australian Accounting Interpretations and other authoritative pronouncements of the Australian Accounting Standards Board and the Corporations Act 2001, as appropriate for not-for-profit oriented entities. These financial statements do not comply with International Financial Reporting Standards as issued by the International Accounting Standards Board ('IASB').

Historical cost convention
The financial report has been prepared on an accrual basis and is based on historical costs. Cost is based on the fair values of the consideration given in exchange for assets.
Note 1. Summary of significant accounting policies (continued)

Accounting policies

(a) Going concern

The financial report has been prepared on a going concern basis. Refer to Note 14 for considerations regarding economic dependence.

(b) Income tax

The company is exempt from the payment of income tax under section 50-35 of the Income Tax Assessment Act 1997. The company is a deductible gift recipient.

(c) Revenue recognition

Grant funding is recognised in the Statement of Comprehensive Income when it is controlled. When there are conditions attached to grant funding relating to the use of those funds for specific purposes, it is recognised as deferred revenue until such conditions are met or services provided.

Other income is recognised in the period to which it relates.

All revenue is stated net of the amount of goods and services tax (GST).

(d) Cash and cash equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions and other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash which are subject to an insignificant risk of changes in value.

(e) Trade and other receivables

Trade and other receivables are recognised at amortised cost, less any provision for impairment.

(f) Trade and other payables

These amounts represent liabilities for goods and services provided to the company prior to the end of the year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

(g) Employee benefits

Provisions are measured at the present value of management’s best estimate required to settle the present obligation at the reporting date. The discount rate used to determine the present value reflects current market assessments of the time value of money and the risks specific to the liability. The increase in the provision due to the passage of time is recognised as interest expense.

(h) Deferred income

The liability for deferred income is the unutilised amount of sponsorship income received in advance.
Note 1. Summary of significant accounting policies (continued)

(i) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the taxation authority. In this case it is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the taxation authority is included with other receivables or payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the taxation authority, are presented as operating cash flow.

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Grants income</td>
<td>128,487</td>
<td>231,259</td>
</tr>
<tr>
<td>Donations</td>
<td>53,117</td>
<td>56,289</td>
</tr>
<tr>
<td>Honorariums</td>
<td>16,061</td>
<td>21,701</td>
</tr>
<tr>
<td>Corporate Supporter Program</td>
<td>46,182</td>
<td>30,800</td>
</tr>
<tr>
<td>Annual Scientific Meeting</td>
<td>326,016</td>
<td>92,291</td>
</tr>
<tr>
<td>Sundry income</td>
<td>53,659</td>
<td>33,863</td>
</tr>
<tr>
<td></td>
<td>623,522</td>
<td>466,203</td>
</tr>
</tbody>
</table>

Note 2. Revenue

Note 3. Administration expenses

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Grant funding</td>
<td>15,000</td>
<td>69,000</td>
</tr>
<tr>
<td>Accounting and auditing fees</td>
<td>18,314</td>
<td>13,845</td>
</tr>
<tr>
<td>Annual scientific meeting expense</td>
<td>177,489</td>
<td>-</td>
</tr>
<tr>
<td>Consulting fees</td>
<td>14,592</td>
<td>16,464</td>
</tr>
<tr>
<td>Legal fees</td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Trademark fees</td>
<td>70</td>
<td>1,353</td>
</tr>
<tr>
<td>Information technology</td>
<td>7,060</td>
<td>1,371</td>
</tr>
<tr>
<td>Insurance</td>
<td>5,305</td>
<td>10,517</td>
</tr>
<tr>
<td>Travel and accommodation</td>
<td>8,848</td>
<td>9,618</td>
</tr>
<tr>
<td>Catering and conference</td>
<td>2,299</td>
<td>8,072</td>
</tr>
<tr>
<td>Telephone and teleconferencing charges</td>
<td>4,388</td>
<td>4,640</td>
</tr>
<tr>
<td>Rent and IT Support</td>
<td>10,866</td>
<td>10,861</td>
</tr>
<tr>
<td>Depreciation</td>
<td>292</td>
<td>147</td>
</tr>
<tr>
<td>Sundry expenses</td>
<td>23,122</td>
<td>8,540</td>
</tr>
<tr>
<td></td>
<td>288,645</td>
<td>155,428</td>
</tr>
</tbody>
</table>

Note 4. Current assets - cash and cash equivalents

Cash at bank          | 514,855| 190,623|

Note 5. Current assets - trade and other receivables

Trade receivables     | 17,973 | 24,063 |
Other receivables     | 12,377 | 918    |
Accrued revenue from Cancer Australia | - | 48,584 |
|                      | 30,350 | 73,565|
Note 6. Current liabilities - trade and other payables

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade payables</td>
<td>980</td>
<td>-</td>
</tr>
<tr>
<td>Accruals</td>
<td>53,638</td>
<td>28,692</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>96,500</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>151,118</strong></td>
<td><strong>28,692</strong></td>
</tr>
</tbody>
</table>

Note 7. Remuneration of auditors

The following fees were paid or payable for services provided by the auditor:

<table>
<thead>
<tr>
<th>Service</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit of the financial report</td>
<td>3,700</td>
<td>3,600</td>
</tr>
<tr>
<td>Other services - assistance with preparation</td>
<td>2,000</td>
<td>2,000</td>
</tr>
<tr>
<td>of the financial report</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,700</strong></td>
<td><strong>5,600</strong></td>
</tr>
</tbody>
</table>

Note 8. Key management personnel disclosures

The aggregate compensation made to members of key management personnel of the company is set out below:

<table>
<thead>
<tr>
<th>Key management personnel compensation</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>153,655</td>
<td>117,642</td>
</tr>
</tbody>
</table>

Note 9. Reconciliation of cash flows from operations with net income for the year

<table>
<thead>
<tr>
<th>Item</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net income for the year</td>
<td>163,728</td>
<td>193,133</td>
</tr>
<tr>
<td>Depreciation</td>
<td>292</td>
<td>147</td>
</tr>
<tr>
<td>Change in operating assets and liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Increase)/decrease in trade and other receivables</td>
<td>43,215</td>
<td>72,024</td>
</tr>
<tr>
<td>Increase/(decrease) in trade and other payables</td>
<td>122,426</td>
<td>44,430</td>
</tr>
<tr>
<td>Increase/(decrease) in employee benefits</td>
<td>(3,490)</td>
<td>8,602</td>
</tr>
<tr>
<td>Net cash provided by operating activities</td>
<td>326,171</td>
<td>85,428</td>
</tr>
</tbody>
</table>

Note 10. Related party transactions

Key management personnel

Disclosures relating to key management personnel are set out in note 8.

Transactions with related parties

During the year, the company received honorariums of $14,197 (2012: $21,701). These honorariums were in relation to speaking engagements undertaken by Ian Davis.

Receivable from and payable to related parties

There were no trade receivables, trade payables or loans to or from related parties as at year end (2012: nil).
Note 11. After balance date events

No other matters or circumstances have arisen since the end of the year which may significantly affect the operations of the company, the results of those operations, or the state of affairs of the company in subsequent years.

Note 12. Contingent liabilities and capital commitments

The company has no contingent liabilities or capital commitments as at year end (2012: nil).

Note 13. Members’ guarantee

The company is limited by guarantee. If the company is wound up, each member of the company undertakes to contribute to the assets of the company an amount not exceeding $50 for payment of the debts and liabilities of the company including the costs of the winding up. This undertaking continues for one year after a member ceases to be a member of the company.

At 31 March 2013, the number of members was 530 (2012: 429).

Note 14. Economic dependence

The company is dependent on funding from Cancer Australia for the majority of its revenue used to operate the business. At the date of this report, the Directors have no reason to believe that Cancer Australia will not continue to provide funding.

Note 15. Company details

The registered office and principal place of business of the company is:

Level 4, Medical Foundation Building
92-94 Parramatta Road
Camperdown NSW 2050
The directors of the company declare that:

1. The financial statements, comprising the statement of profit or loss and other comprehensive income, statement of financial position, statement of cash flows, statement of changes in equity, and accompanying notes, are in accordance with the Corporations Act 2001 and:
   a. comply with Australian Accounting Standards – Reduced Disclosure Requirements and the Corporations Regulations 2001; and
   b. give a true and fair view of the company’s financial position as at 31 March 2013 and of its performance for the year ended on that date.

2. In the directors’ opinion, there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors and is signed for and on behalf of the directors by:

Ian Davis
Chairman
Sydney, 31 May 2013
INDEPENDENT AUDITOR’S REPORT

To the members of ANZUP Cancer Trials Group Limited


We have audited the accompanying financial report of ANZUP Cancer Trials Group Limited, which comprises the statement of financial position as at 31 March 2013, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors’ declaration.

Directors’ Responsibility for the Financial Report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the Corporations Act 2001 and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor’s judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the company’s preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001. We confirm that the independence declaration required by the Corporations Act 2001, which has been given to the directors of ANZUP Cancer Trials Group Limited, would be in the same terms if given to the directors as at the time of this auditor’s report.
Basis for Qualified Opinion

For the year ended 31 March 2013, the company recognised net proceeds of $148,527 relating to the Annual Scientific Meeting.

The company has determined that it is impracticable to establish control over the calculation and collection of the net proceeds relating to the Annual Scientific Meeting prior to entry into its financial records. Accordingly, as the evidence available to us regarding the net proceeds relating to the Annual Scientific Meeting was limited, our audit procedures with respect to the net proceeds relating to the Annual Scientific Meeting had to be restricted to the amounts recorded in the financial records. We therefore are unable to express an opinion whether the net proceeds relating to the Annual Scientific Meeting recorded is complete.

Qualified Conclusion

In our opinion, except for the possible effects of the matters described in the Basis for Qualified Opinion paragraph, the financial report of ANZUP Cancer Trials Group Limited is in accordance with the Corporations Act 2001, including:

(i) giving a true and fair view of the company’s financial position as at 31 March 2013 and of its performance for the year ended on that date; and

(ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and the Corporations Regulations 2001.

BDO East Coast Partnership

Paul Bull
Partner

Sydney, 31 May 2013